

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	FLTZA		05-03-01
O.I.P.E. CLASSIFIER		X	7/31/01
FORMALITY REVIEW	A.U	917	06-28-01
RESPONSE FORMALITY REVIEW	H.S	766	01-16-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	02-06-03
Original	1-10-01
1	02-02-03
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9	
10	N N
11	N N
12	N N
13	✓ ✓
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21	
22	N N
23	N N
24	N N
25	
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28	
29	
30	
31	N N
32	N N
33	✓ ✓
34	
35	
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39	
40	✓
41	N N
42	N N
43	N N
44	✓ ✓
45	✓
46	✓
47	✓
48	✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here